

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 09/600011 FILED DATE

APPLICANT(S)

CLAIMS

AS FILED	AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		2				
4		1				
5		1				
6		1				
7		0				
8		0				
9		0				
10		0				
11		0				
12		0				
13		0				
14		0				
15	1	0				
16	1					
17		0				
18	1					
19		1				
20		2				
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43						
44						
45						
46						
47						
48						
49						
50						
TOTAL IND.	3					
TOTAL DEP.	19					
TOTAL CLAIMS	22					

TOTAL IND.			
TOTAL DEP.			
TOTAL CLAIMS			